

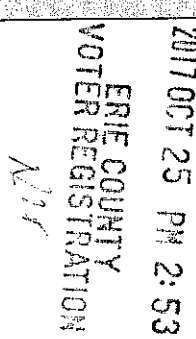
Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	EIN 82-0978270	Report Filed By (Mark X)	<input type="checkbox"/> Candidate	<input checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist	The Committee to Elect Denise M. Buell For District Magistrate Judge				
Street Address	436 Duane Street				
City	Corry	State	PA	Zip Code	16407

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/7/17	Year	2017	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	6/2/17	10/23/17	
A. Amount Brought Forward From Last Report	\$	581.95	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1075.37	
C. Total Funds Available (Sum of Lines A and B)	\$	1657.32	
D. Total Expenditures (From Schedule III)	\$	998.67	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	658.65	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	587.50	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	160.00	

Affidavit Section

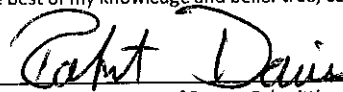
Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

23 day of OCTOBER 2017

COMMONWEALTH OF PENNSYLVANIA
 Signature of Notary Public
 Janet E. Gurdak, Notary Public
 My Commission Expires July 5, 2018
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES


 Signature of Person Submitting report
 Robert Davis
 Printed Name
 716 581-2237
 Area Code Daytime Telephone Number

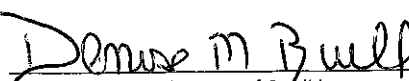
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

23 day of OCTOBER 2017

COMMONWEALTH OF PENNSYLVANIA
 Signature of Notary Public
 Janet E. Gurdak, Notary Public
 My Commission Expires July 5, 2018
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES


 Signature of Candidate
 Denise M. Buell
 Printed Name
 814 881-0437
 Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	EIN 82-0978270	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	The Committee to Elect Denise M. Buell For District Magistrate Judge							
Street Address	436 Duane Street							
City	Corry	State	PA	Zip Code	16407			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30-Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30-Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/7/17	Year	2017	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	

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G. Unpaid Debts and Obligations (From Schedule IV)	\$	160.00	

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

24 day of OCTOBER 20 17

Janet E. Gurdak

COMMONWEALTH OF PENNSYLVANIA

Signature

NOTARIAL SEAL

Janet E. Gurdak, Notary Public

My Commission expires City of Corry, Erie County YR.

My Commission Expires July 5, 2018

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Wendy S Yow

Signature of Person Submitting report

Wendy Munn Yow

Printed Name

214 799-5766

Area Code Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

23 day of OCTOBER 20 17

Janet E. Gurdak

COMMONWEALTH OF PENNSYLVANIA

Signature

NOTARIAL SEAL

Janet E. Gurdak, Notary Public

My Commission expires City of Corry, Erie County YR.

My Commission Expires July 5, 2018

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Denise M Buell

Signature of Candidate

Denise M. Buell

Printed Name

814 881-0437

Area Code Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	EIN 82-0978270	
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 0

2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 440.00
Total for the reporting period	(2)	\$ 440.00

3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ 0
All Other Contributions (Part D)		\$ 500.00
Total for the reporting period	(3)	\$ 500.00

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ 135.37
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$ 1075.37

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number		EIN 82-0978270									
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										Amount		
Full Name of Contributing Committee					N/A					Date [MM/DD/YYYY]	\$	
House #		Street Address								Date [MM/DD/YYYY]	\$	
City				State		Zip Code				Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #		Street Address								Date [MM/DD/YYYY]	\$	
City				State		Zip Code				Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #		Street Address								Date [MM/DD/YYYY]	\$	
City				State		Zip Code				Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #		Street Address								Date [MM/DD/YYYY]	\$	
City				State		Zip Code				Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #		Street Address								Date [MM/DD/YYYY]	\$	
City				State		Zip Code				Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #		Street Address								Date [MM/DD/YYYY]	\$	
City				State		Zip Code				Date [MM/DD/YYYY]	\$	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	EIN 82-0978270
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Full Name of Contributor		Deborah Menjivar		Date [MM/DD/YYYY]	8/29/17	\$	180.00
House #	314	Street Address	Gould Street	Date [MM/DD/YYYY]		\$	
City	Corry	State	PA	Zip Code	16407	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Judy Weaver		Date [MM/DD/YYYY]	9/8/17	\$	200.00
House #	470	Street Address	Drobneck Road	Date [MM/DD/YYYY]		\$	
City	Corry	State	PA	Zip Code	16407	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Denise Buell (Loan to committee)		Date [MM/DD/YYYY]	9/26/17	\$	60.00
House #	19039	Street Address	Hillcrest Drive	Date [MM/DD/YYYY]		\$	
City	Corry	State	PA	Zip Code	16407	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

PART C
Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:		EIN 82-0978270									
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Full Name of Contributing Committee		N/A					Date [MM/DD/YYYY]		\$		
House #		Street Address					Date [MM/DD/YYYY]		\$		
City		State				Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]		\$		
House #		Street Address					Date [MM/DD/YYYY]		\$		
City		State				Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]		\$		
House #		Street Address					Date [MM/DD/YYYY]		\$		
City		State				Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]		\$		
House #		Street Address					Date [MM/DD/YYYY]		\$		
City		State				Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]		\$		
House #		Street Address					Date [MM/DD/YYYY]		\$		
City		State				Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]		\$		
House #		Street Address					Date [MM/DD/YYYY]		\$		
City		State				Zip Code		Date [MM/DD/YYYY]		\$	

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	EIN 82-0978270
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Full Name of Contributor Eric Buell					Date [MM/DD/YYYY] 10/16/17		\$ 500.00
House # 4413	Street Address Cooper Drive			Date [MM/DD/YYYY]		\$	
City Sebring	State FL	Zip Code 33872		Date [MM/DD/YYYY]		\$	
Employer Name None				Occupation Retired from GE			
Employer Mailing Address / Principal Place of Business N/A							
Full Name of Contributor N/A					Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:		EIN 82-097820									
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Full Name		Promotion Choice.com										
House #		Street Address		Rancho Santa Fe								
City		San Diego		State	CA		Zip Code	92067		Date [MM/DD/YYYY]	\$	135.37
										9/15/17	9/15/17	
Receipt Description		ordered stress balls but company did not process or ship when they were due so refunded money back to account										

Full Name												
House #		Street Address										
City				State			Zip Code			Date [MM/DD/YYYY]	\$	
Receipt Description												

Full Name												
House #		Street Address										
City				State			Zip Code			Date [MM/DD/YYYY]	\$	
Receipt Description												

Full Name												
House #		Street Address										
City				State			Zip Code			Date [MM/DD/YYYY]	\$	
Receipt Description												

Full Name												
House #		Street Address										
City				State			Zip Code			Date [MM/DD/YYYY]	\$	
Receipt Description												

Full Name												
House #		Street Address										
City				State			Zip Code			Date [MM/DD/YYYY]	\$	
Receipt Description												

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE**

Filer Identification Number:	EIN 82-0978270
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period (1)	\$	0

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period (2)	\$	147.50

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period (3)	\$	440.00

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$	587.50
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	EIN 82-0978270
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Full Name of Contributor Douglas Huffman					Date [MM/DD/YYYY] 6/16/17		\$ 147.50
House # 570	Street Address E South St			Date [MM/DD/YYYY]		\$	
City Corry	State PA	Zip Code 16407		Date [MM/DD/YYYY]		\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Description of Contribution							

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	EIN 82-0978270
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Full Name of Contributor					Mary Davis		Date [MM/DD/YYYY]		6/20/17	\$	440.00 FMV	
House #		134		Street Address		E Frederick St		Date [MM/DD/YYYY]		\$		
City		Corry		State		PA		Zip Code		16407		
Employer Name					N/A					Occupation		Retired
Employer Mailing Address / Principal Place of Business					N/A					Description of Contribution		made 11 t-shirts/11 polos mtrl \$168
Full Name of Contributor							Date [MM/DD/YYYY]			\$		
House #				Street Address				Date [MM/DD/YYYY]		\$		
City				State				Zip Code				
Employer Name										Occupation		
Employer Mailing Address / Principal Place of Business										Description of Contribution		
Full Name of Contributor							Date [MM/DD/YYYY]			\$		
House #				Street Address				Date [MM/DD/YYYY]		\$		
City				State				Zip Code				
Employer Name										Occupation		
Employer Mailing Address / Principal Place of Business										Description of Contribution		
Full Name of Contributor							Date [MM/DD/YYYY]			\$		
House #				Street Address				Date [MM/DD/YYYY]		\$		
City				State				Zip Code				
Employer Name										Occupation		
Employer Mailing Address / Principal Place of Business										Description of Contribution		

SCHEDULE III
Statement of Expenditures

Filer Identification Number: EIN 82-0978270

To Whom Paid		Totally Promotional.com		Date [MM/DD/YYYY]		\$	180.00
House #	450	Street Address		S 2nd St		Description of Expenditure	
City	Cleveland	State	OH	Zip Code	45828	Imprinted Koozies	
To Whom Paid		Promotion Choice.com		Date [MM/DD/YYYY]		\$	135.37
House #		Street Address		Rancho Santa Fe		Description of Expenditure	
City	San Diego	State	CA	Zip Code	92067	personalized black/orange stress balls	
To Whom Paid		Signs on the Cheap		Date [MM/DD/YYYY]		\$	498.17
House #	11525A	Street Address		Stone Hollow Drive Suite 100		Description of Expenditure	
City	Austin	State	TX	Zip Code	78758	100 Yard Signs	
To Whom Paid		Promotion Choise.com		Date [MM/DD/YYYY]		\$	185.13
House #		Street Address		Rancho Santa Fe		Description of Expenditure	
City	San Diego	State	CA	Zip Code	92067	Personalized green/white stress balls	
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure	
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure	
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure	
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure	
City		State		Zip Code			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	EIN 82-0978270
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Name of Creditor		Denise M. Buell				Outstanding Balance of Debt	
House #	19039	Street Address	Hillcrest Drive		DATE DEBT INCURRED [MM/DD/YYYY]	3/31/17	\$ 100.00
City	Corry	State	PA	Zip Code	16407		
Description of Debt		Loan to committee to start a checking account for the committee					
Name of Creditor		Denise M Buell				Outstanding Balance of Debt	
House #	19039	Street Address	Hillcrest Drive		DATE DEBT INCURRED [MM/DD/YYYY]	9/26/17	\$ 60.00
City	Corry	State	PA	Zip Code	16407		
Description of Debt		Loan committee wasn't sure if enough funds for green/white stress balls because promotional choice error but they refunded, but then sent cancelled ball order anyway so wasn't sure if they would do a withdrawal again					
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		State		Zip Code			
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		State		Zip Code			
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		State		Zip Code			
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		State		Zip Code			
Description of Debt							